

2-7-95  
4/0 10:00am  
2/2/95  
ASA  
2/3/95  
2:00

05-409683

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### INDEXED

P 50282

A 37274

DISTRICT 5th

DATE 9/19/94

DATE SYSTEM APPROVED 2/3/95

INSPECTOR C.B.D.

**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
~~XXXXXX~~ 313-2640

Construction Trade Services \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 301-253-4624

SUBDIVISION Fulton Estates LOT 6 ROAD 12150 Fulton Estates Court

PROPERTY OWNER J. David Newman Bob & Stephanie Strubble

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

220 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 275

**BLDG. PERMIT SIGNED AND RETURNED 8-27-97**  
*Serial # B00106030*  
*Interior alterations basement*  
*See attached letter -*

**BLDG. PERMIT SIGNED AND RETURNED 4-8-99**  
*Serial # B00117186*  
*Interior alterations basement*

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 290 feet down the left lot line (414.20') and 130 feet off that same lot line when facing the lot from Fulton Estates Court. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 9/13/94 DKS*

PLANS APPROVED BY Amy McMillen DATE 09/08/94

COVER NO WORK UNTIL INSPECTED AND APPROVED  
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

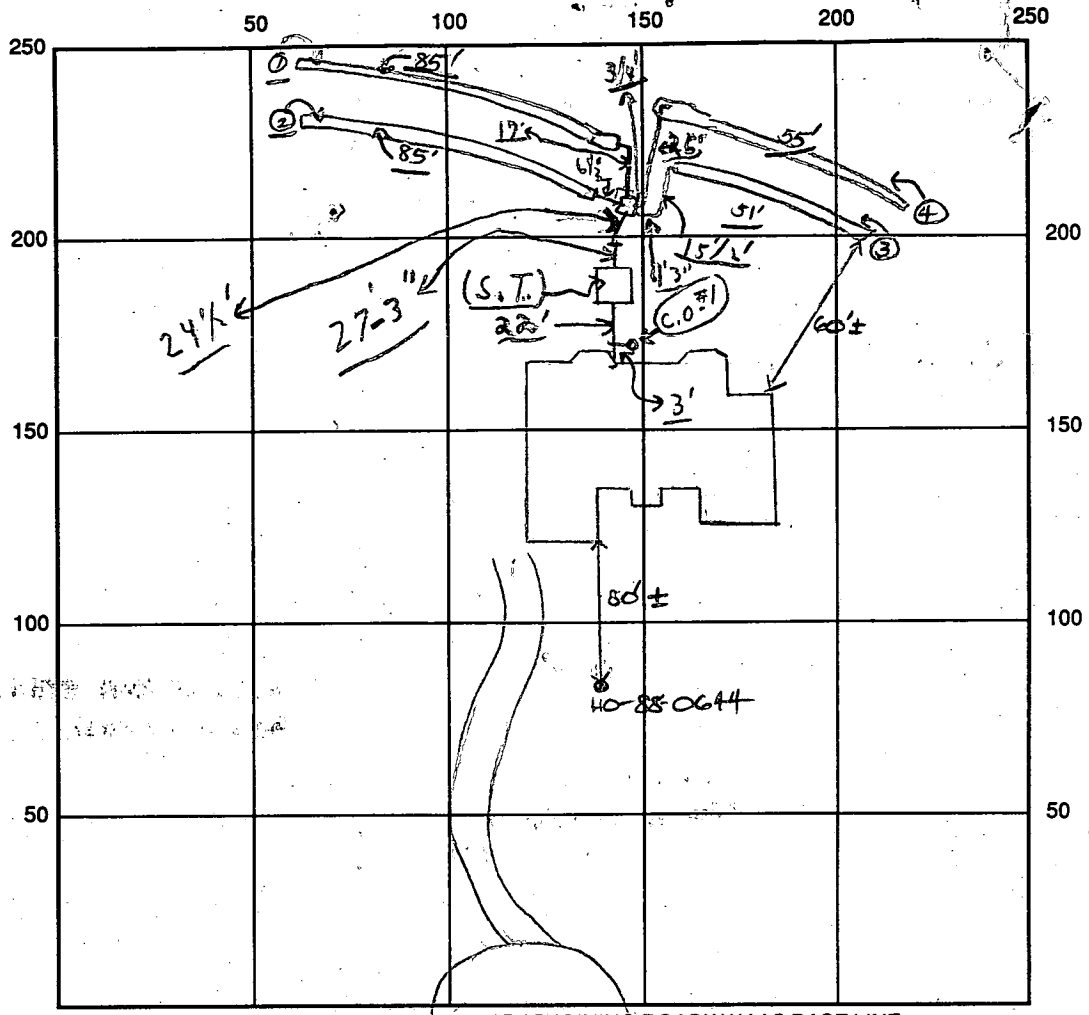
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS  
PERMIT VOID AFTER TWO YEARS

**BLDG. PERMIT SIGNED AND RETURNED 11-3-99**  
*Serial # B01121184*

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Fulton Estates Ct.

SEPTIC TANK LEVEL OK - 1500 gal S.T. OK C.O. #1 OK  
 DISTRIBUTION BOX LEVEL OK (Puffles in)  
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.  
 EFFECTIVE GRAVEL DEPTH 4 FT. { TOTAL LENGTH ① 85' ② 51' ③ 85' ④ 55' FT. } 276'  
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1104<sup>+</sup> SQ. FT.  
 DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.  
 ABSORBENT AREA 1104<sup>+</sup> SQ. FT.

REMARKS: 2/1/95 Met w/contractor to discuss change in d.b. location due to landscape. Approved changes in specs (now 2x 55' and 2x 85' trenches). DKS  
2/2/95 OK to stone 4 trenches and continue. DKS  
2/3/95 Final - ok to cover all work; chd  
2/3/95 P.M. W.P.I. chd

DATE SYSTEM APPROVED 2/3/95 INSPECTOR Charles B. [Signature]

**C1** 24821 SEQUENCE NO. (DENY USE ONLY)  
 1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

**STATE OF MARYLAND WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A37274**

DATE RECEIVED  
 8 9 10 11 12 13

DATE WELL COMPLETED  
 15 16 17 18 19 20  
**062199**

DEPTH OF WELL  
 22 23 24 25 26  
**300**  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 28 29 30 31 32 33 34 35 36 37  
**HO-88-0644**

OWNER **N V Homes** last name first name  
 STREET OR RFD **Estates Ct** TOWN **Fulton**  
 SUBDIVISION **FULTON ESTATES** SECTION **LOT 6**

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<b>OB</b>	<b>0</b>	<b>40</b>	
	<b>40</b>	<b>300</b>	

Handwritten notes: **Hit #20 @ 140 (2) 230 (2)**

**GROUTING RECORD** (yes no)  
 WELL HAS BEEN GROUTED **(Y)** **(N)**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **(CM)** BENTONITE CLAY **(BC)**  
 NO. OF BAGS **25** NO. OF POUNDS **2500**  
 GALLONS OF WATER **150**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **100** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**(ST)** **(CO)** STEEL CONCRETE  
**(PL)** **(OT)** PLASTIC OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**(ST)** **(6)** **(102)**

**OTHER CASING** (if used)  
 diameter inch depth (feet) from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**(ST)** **(BR)** **(HO)** STEEL BRASS OPEN HOLE  
**(PL)** **(OT)** PLASTIC OTHER

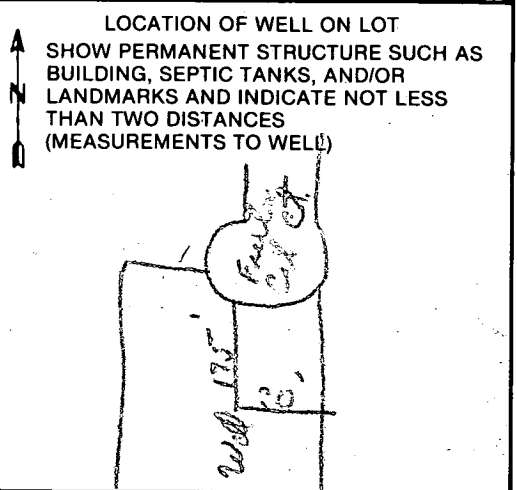
**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1 **(HO)** **100** **300**  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

**GRAVEL PACK**  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

**OEP USE ONLY** (NOT TO BE FILLED IN BY DRILLER)  
 T. (E.R.O.S.) WQ  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **2**  
 PUMPING RATE (gal. per min. to nearest gal.) **6**  
 METHOD USED TO MEASURE PUMPING RATE **Beck**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **35** WHEN PUMPING **87**  
 TYPE OF PUMP USED (for test)  
**(A)** air **(P)** piston **(T)** turbine  
**(C)** centrifugal **(R)** rotary **(O)** other (describe below)  
**(J)** jet **(S)** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **(NO)**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **(29)**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**(+)** above } LAND SURFACE **(2)** (nearest foot)  
**(-)** below }



**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **144**  
 DRILLERS SIGNATURE **Arnetta H...**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 5581

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

H0-88-0694

fill in this form completely

Date Received (APA)

050289

OWNER INFORMATION

N U HOMES

1023 NEW HAMPSHIRE

SILVERSPRING SMD20903

DRILLER INFORMATION

Austen Stawen 144

Keenan - Stawen

9125 Bethel rd Fred

Austen Stawen

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 2

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE MR PERMIT No. H0-88-0694

SPECIAL CONDITIONS

B 3

LOCATION OF WELL 40-44152

HOWARD

FULTON EST

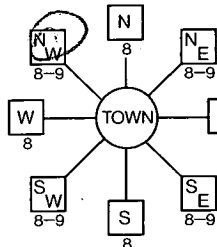
SECTION LOT 6

FULTON

MILES FROM TOWN (enter 0 if in town) N MI

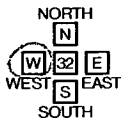
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Rt 216 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 250 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A37274 COUNTY NO.

STATE SIGNATURE DATE ISSUED 053089 Mark E. Balkin 11/30/89

NORTH GRID 481000 EAST GRID 0818000

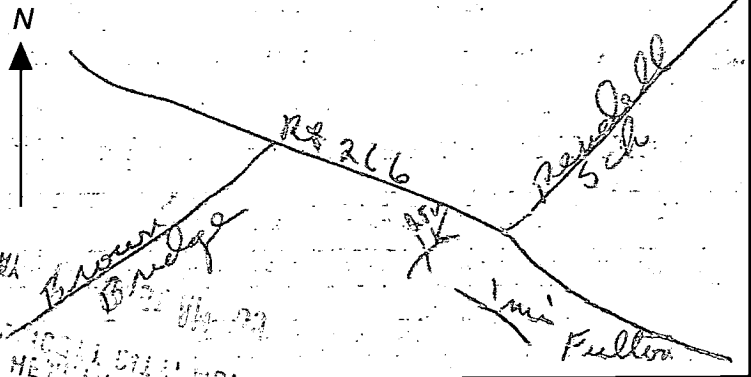
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE


8108 4801

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



# APPLICATION

PERCOLATION TESTING

*7/29/86  
perc OK'd pending  
approved plat.*  


A 37274

P \_\_\_\_\_

RECORD NO.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_

DATE 4/25/86

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert E. Bessler, et al *J. DAVID NEWMAN*  
*N. V. Holmes*

ADDRESS 6389 Ten Oaks Rd., Clarksville, Maryland PHONE 320-2369  
498-2732  
596-9300

PROSPECTIVE BUYER Potomac Building & Development Corporation

ADDRESS 3517 Spencerville Rd., Burtonsville, Md. PHONE 421-4030

PROPERTY LOCATION:

SUBDIVISION Fulton Estates LOT NO. 6

ROAD AND DESCRIPTION Route 216 - south side of Route 216 approximately 1000 feet west of  
Pindell School Road (12150 Fulton Estates Court)

TAX MAP 41 PARCEL # 69 & 203 BLDG. PERMIT SIGNED AND RETURNED 9/8/84  
*Serial # 53857*

SIZE OF LOT 3 Acre TYPE BLDG. Single Family - 5 Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

*Jerry D. Conner*  
(SIGNATURE OF APPLICANT) *VP*

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING for certified plat w/ all holes field located

BLDG. PERMIT SIGNED AND RETURNED 9/7/84  
*Serial # 28794*  
*SFD - 4 Bm*

# THIS IS NOT A PERMIT

6

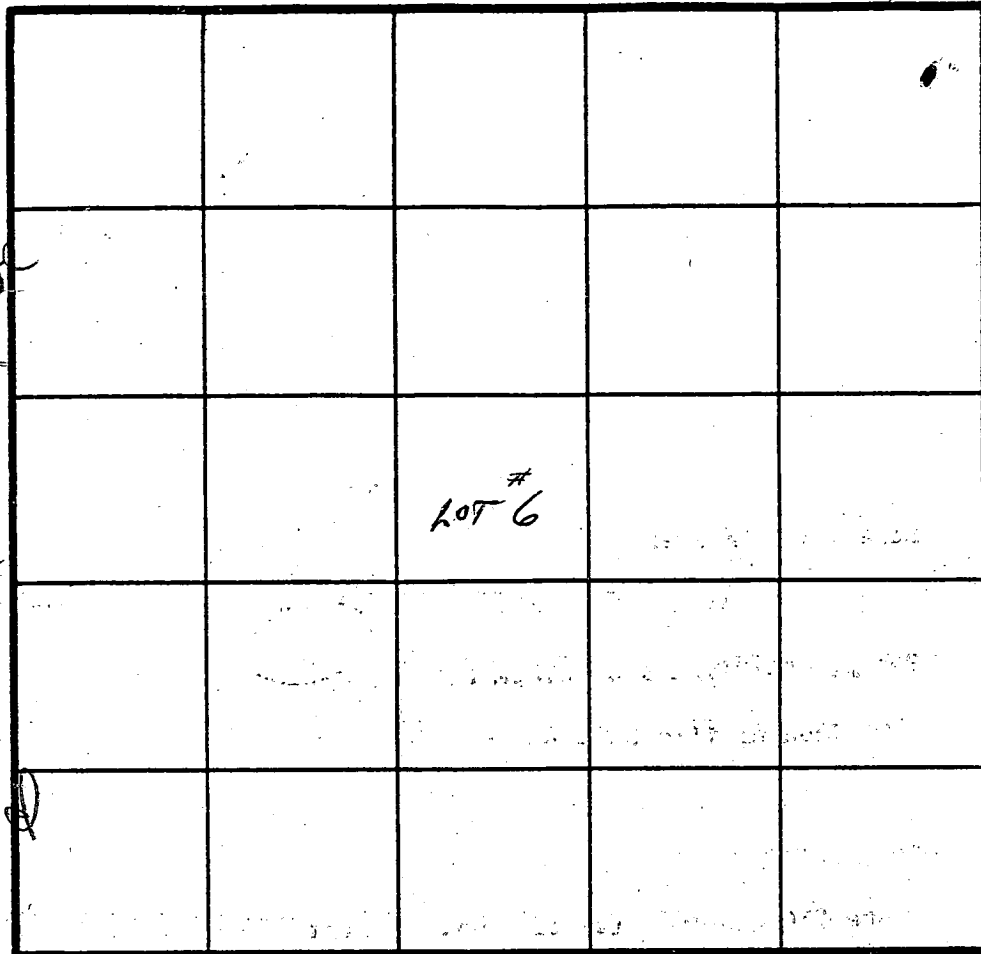
SOIL PROFILE

red/orange  
clay to  
clay lean

4-43

change to orange  
brown  
silty  
lean

↓  
8' OR 10'



$\bar{X} \approx 19 \text{ MIN}$   
INLET  $4\frac{1}{2}'$   
MAX  $9'$   
 $210 \phi / \text{BD}$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/29/86	5	8' visual					
	6	4 1/2'	323	329	329	337	8 MIN
		8' visual		(looking for shelf)			

PERC FIELD ADJUSTED

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

# APPLICATION

## PERCOLATION TESTING

A 37274

P \_\_\_\_\_

HOWARD COUNTY

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_ 0

DATE 6/25/86

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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PROSPECTIVE BUYER Potomac Building & Development Corporation

ADDRESS 3517 Spencerville Rd., Burtonsville, Md. PHONE 421-4030

PROPERTY LOCATION:

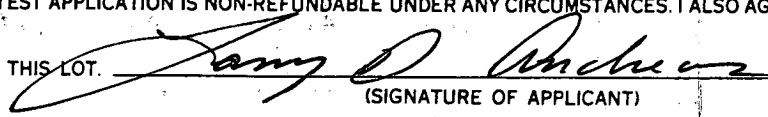
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(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

87015  
1013

JESSE CLARY PROP

SOIL PROFILE

0  
brown/orange  
chunky  
hard packed  
clay + loam  
4'  
mixed  
silty loam  
with chunky  
brown  
orange  
clay  
W

14'D

2

chunky red  
clay

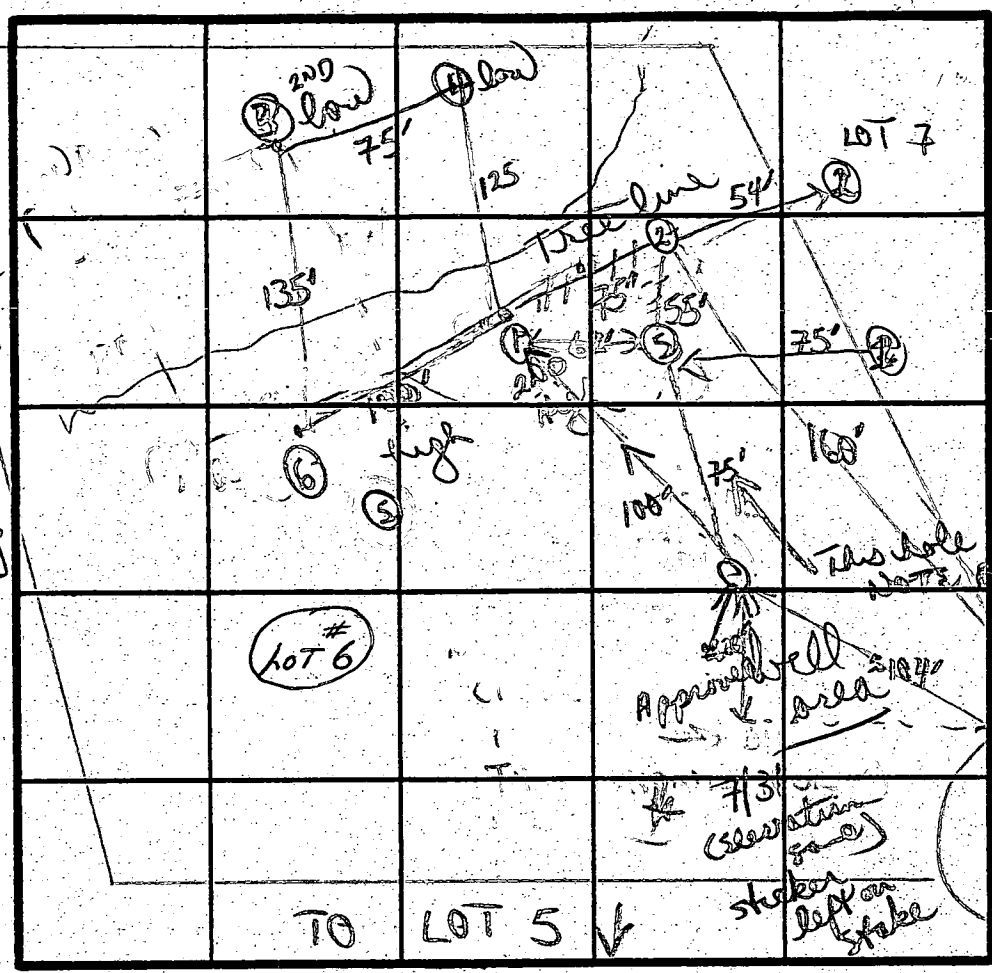
changing to  
orange/brown  
fine red  
gray silty  
mic loam  
w/ 5-10%  
weathered  
frag  
14'D

3

chunky red  
orange clay  
loam

33'D

fine coarse  
silty mic  
loam 5%  
small frags  
soprolite  
14'D



INLET 4 1/2  
MAX 8 1/2  
220 A/BO.

TO LOT 7

used  
corner stake  
607

END OF  
FULTON CT.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/21/86	1	3' 5"	1258	115	115	146	31 min
		8' M	1258	102	102	113	11 min
		14' D	bottom (see profile)				
	OMIT 2	4' 5"	111	175	175	235	fail
		5' 5"	200	217	217	235	fail
		8' M	112	115	115	120	5 min
		14' D	bottom (see profile)				
	3	3' 5"	134	141	141	204	23 min
		14' D	bottom (see profile)				
	4	3 1/2' 5"	183	206	206	256	30 min
		8' M	208	213	213	224	1 min
		14' D	bottom (see profile)				

do better  
at 4'-4 1/2'

shelved  
down

4

yellow/orange  
packing  
clay loam  
silty/mic  
loam w/  
some  
chunky  
red clay

14'D

REMARKS: chunky hard packed clays to 4-4 1/2'; below predominantly silty mic loams some w/ small % sopolite frags.

TYPE OF SOIL: B Nylon

TESTED BY: B Nylon

ALSO PRESENT: Allen, Ross Smith

B 1 9378

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

10-88-0050

fill in this form completely

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

OWNER INFORMATION: Date Received (APA) 937-4730, Matzev Warren, 10415 417th Avenue, Deltsville, MD 20705

LOCATION OF WELL: Howard County, Estates, Fulton, Section 6, Lot 6, Nearest Town: Fulton, Miles from town: 1 MI

DRILLER INFORMATION: Harry Edmondson, Edmondson Well Drilling, 741 Klee Mill rd, Westminster, MD, Date: 6-6-88

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW. NEAR WHAT ROAD: Estates Court. ON WHICH SIDE OF ROAD: E. DISTANCE FROM ROAD: 75 FT

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX): D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard, COUNTY NO. A37274, DATE ISSUED 07/15/88, CO SIGNATURE R Nyfon, EXP. DATE 01/15/88

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCHES

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED, Jetted & DRIVEN, ROTARY (Hydraulic Rotary), DRIVE-POINT

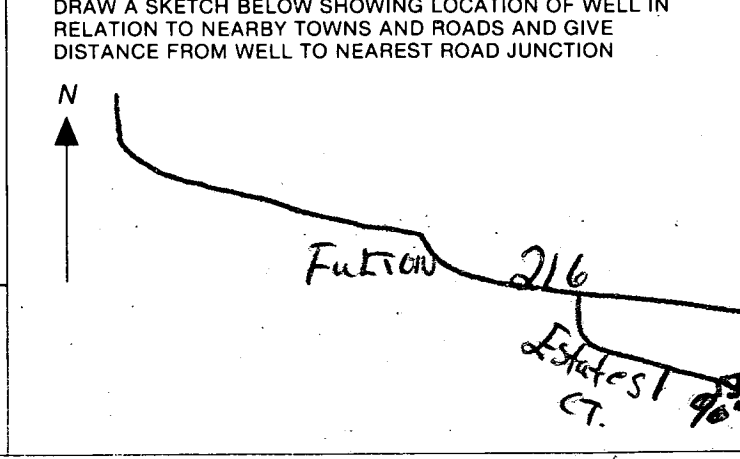
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER GAP

FORCE INITIALS IN BOX: RW, PERMIT NO. 10-88-0050

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE. Grid coordinates: E 82018, N 4801



25

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION Fulton Estates - Lot 6 ZIP \_\_\_\_\_

OWNER  VACANT  
OCCUPANT  Jim Flood ADDRESS \_\_\_\_\_ PHONE 654-7041

COMPLAINANT Mrs. D. Chen ADDRESS Fulton Estates - Lot 5  
12145 Fulton Estates Ct. PHONE (410)-312-3500  
ext. 2130

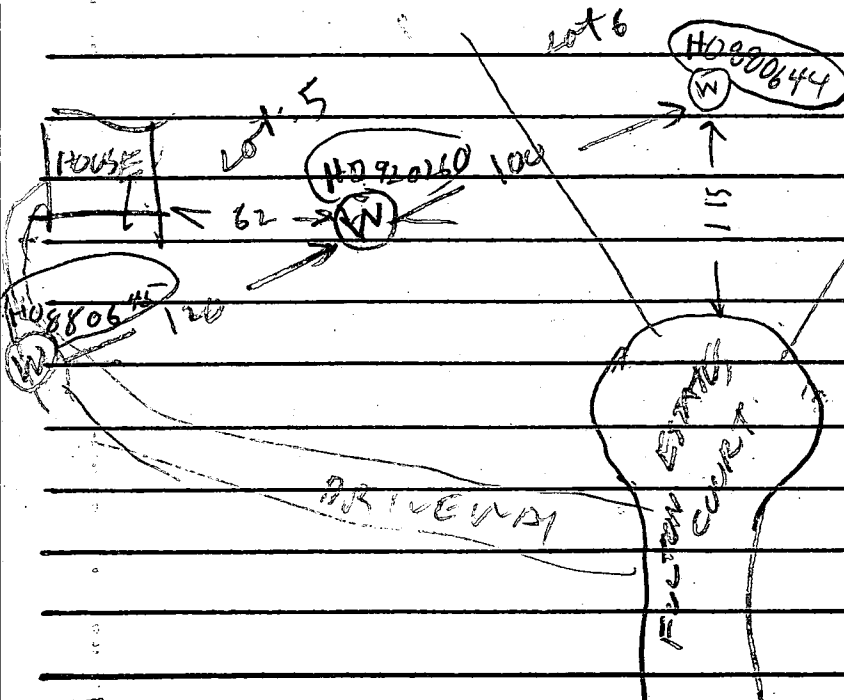
REASON FOR INVESTIGATION Drilled water well does not have a cap. Please verify that well cap is missing.

CODES \_\_\_\_\_

RECEIVED BY Frank Skinner DATE 1/07/93 ASSIGNED TO Raymond Hodges DATE 1/07/93

DATE OF INVESTIGATION 1/7/93 TIME 2:00 WEATHER CLOUDY & COOL

REPORT 1/7/93 - VISITED LOT 6 VACANT LOT NEXT TO LOT 5. NOTICED DRILLED WELL HO 88 0644 WITH NO CAP, PIECE OF CEMENT EDVERS CASING. RP



WELL CAP OK  
MR 1/13/93

TALKED TO FATHER CHEN. WHO DOES NOT UNDERSTAND ENGLISH VERY MUCH & LEFT NOTE FOR CHEN JR WHO IS AT WORK RP

DATE SUBMITTED 1/7/93 SANITARIAN R Hodges

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION FULTON ESTATES LOT 6 ZIP \_\_\_\_\_

OWNER  AS  
OCCUPANT  JIM FLOOD ADDRESS \_\_\_\_\_ PHONE 654 7041  
654 7100

COMPLAINANT MRS D CIEN ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION \_\_\_\_\_

CODES \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF INVESTIGATION 11/2/92 TIME 200 WEATHER CLOUDY & COOL

REPORT 1/18/93 - CALLED JIM FLOOD 1-301 654 7041

NOT THERE. LEFT MESSAGE WITH CLERK HE WILL CALL BACK MONDAY. HE IS REAL ESTATE AGENT FOR THIS LOT RA

1/11/93 - TALKED TO JIM FLOOD. HE AGREED

TO HAVE WELL CAP INSTALLED WITHIN 10 DAYS

I SAID THAT I WOULD SEND A LETTER TELLING HIS

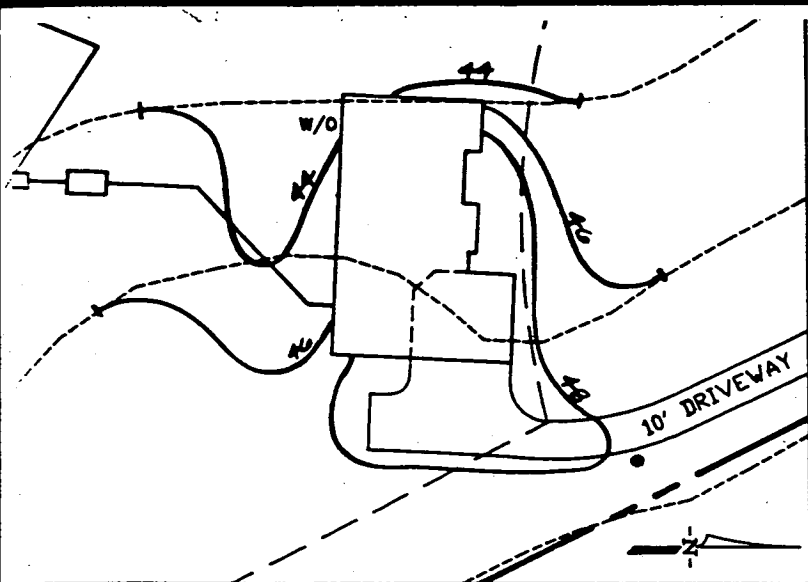
COMPANY TO INSTALL WELL CAP. COMPANY IS

ASSOCIATED INVESTMENTS

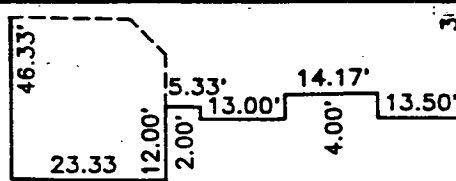
7979 OLD GEORGE TOWN RD 8TH FLOOR

BETHESDA MD 20814

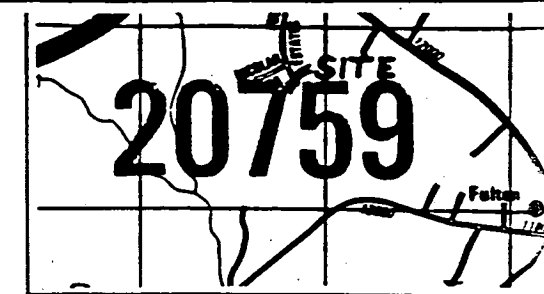
DATE SUBMITTED \_\_\_\_\_ SANITARIAN \_\_\_\_\_



GRADING DETAIL  
SCALE: 1" = 50'



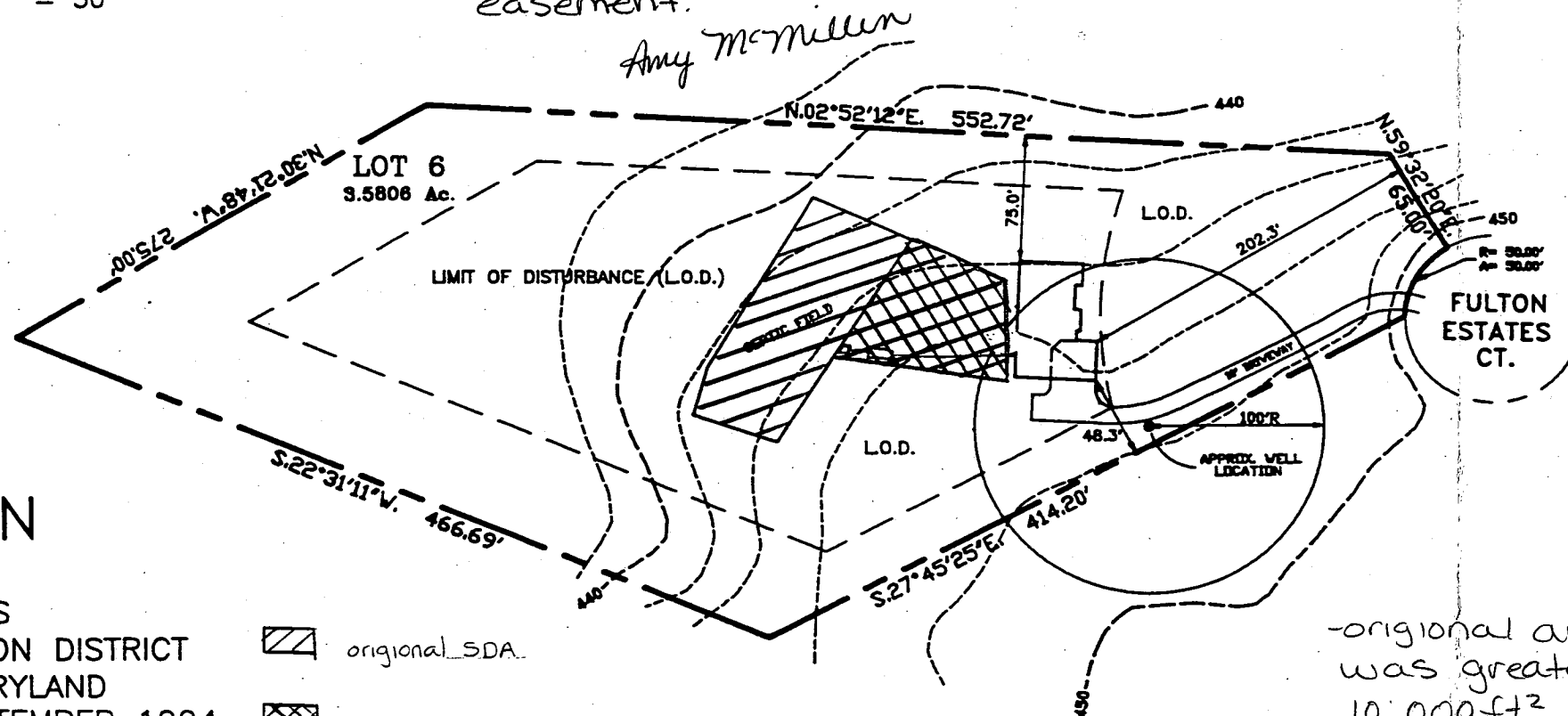
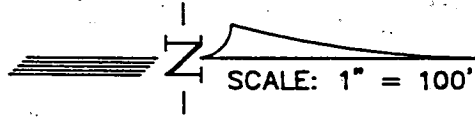
FOUNDATION DETAIL  
SCALE: 1" = 30'



VICINITY MAP  
SCALE: 1" = 2000'

9-8-94  
By copy of this plan  
the Health Dept accepts  
this modification  
to the recorded  
sewage disposal  
easement.

*Amy McMillen*



**GENERAL NOTES**

- 1.) BOUNDARY INFORMATION TAKEN FROM RECORD
- 2.) ARCHITECTURAL PLANS SUPPLIED BY CLIENT.
- 3.) ALL CONSTRUCTION SHALL CONFORM TO CURRENT COUNTY STANDARDS.
- 4.) THE CONTRACTOR SHALL NOTIFY "MISS UTILTY" AT (1-800) 257-7777 AT LEAST 48-HOURS PRIOR TO BEGINNING CONSTRUCTION.
- 5.) TOPOGRAPHIC INFORMATION: APPROVED PRELIM
- 6.) FLOOD ZONE "C" PER H.U.D. PANEL:

LIMIT OF DISTURBANCE =

**SEPTIC INFORMATION**

FIRST FLOOR ELEVATION =	450.
BASEMENT ELEVATION =	441.
INVERT OUT OF HOUSE =	442.
INVERT INTO SEPTIC TANK =	440.
INVERT OUT OF SEPTIC TANK =	440.
INVERT AT DISTRIBUTION BOX (IN) =	440.
INVERT AT DISTRIBUTION BOX (OUT) =	440.
INVERT AT INITIAL TRENCH =	439.

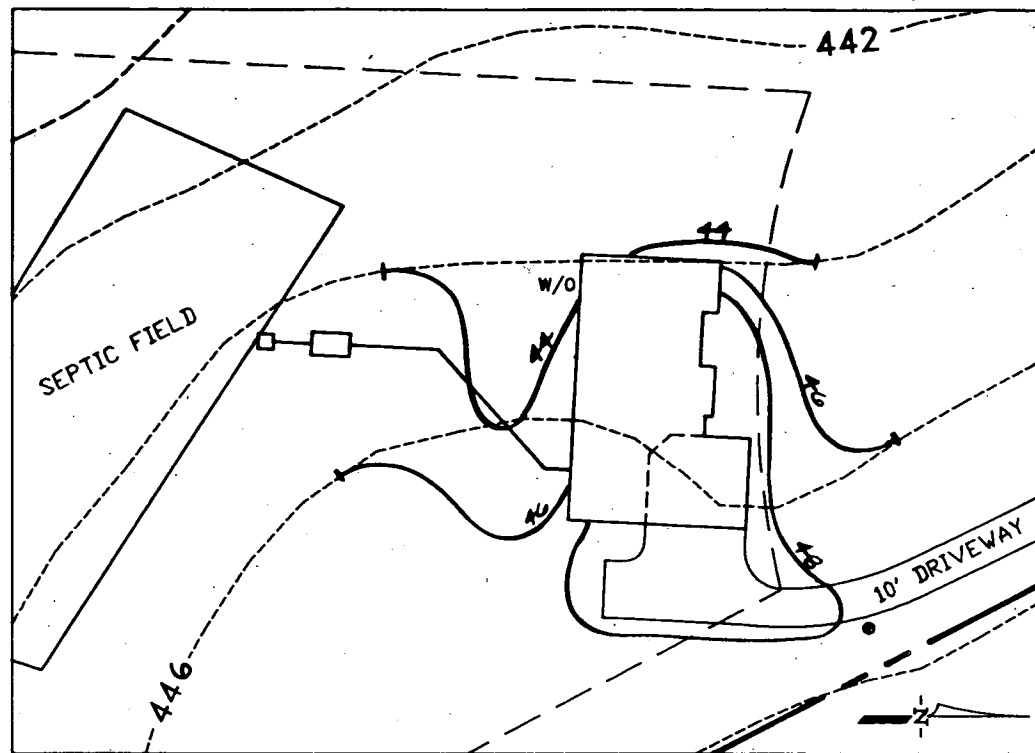
NOTE: TRENCH LENGTHS TO BE DETERMINED BY THE HOWARD COUNTY HEALTH DEPARTMENT

original area was greater than 10,000 ft<sup>2</sup> therefore modification was accepted w/out retest. Amy

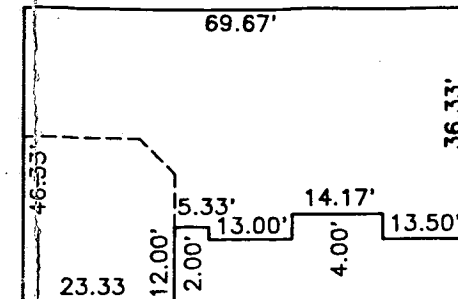
**LOT PLAN**

LOT 6  
FULTON ESTATES  
E (5th) ELECTION DISTRICT  
D COUNTY, MARYLAND  
100' SEPTEMBER 1994

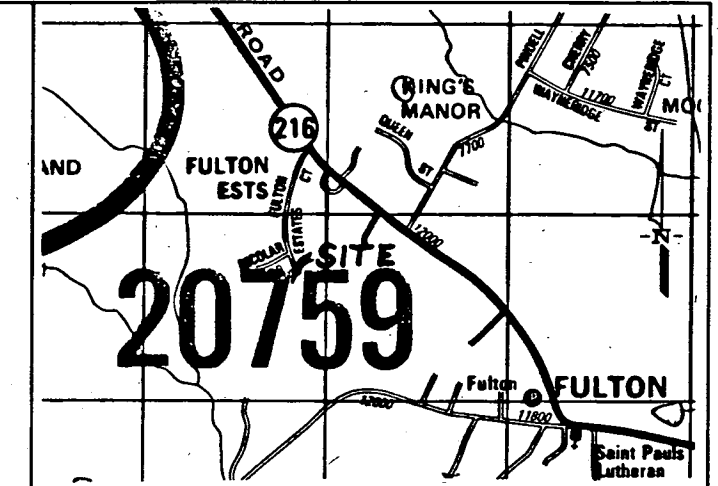
original SDA.  
 area to be deleted



GRADING DETAIL  
SCALE: 1" = 50'



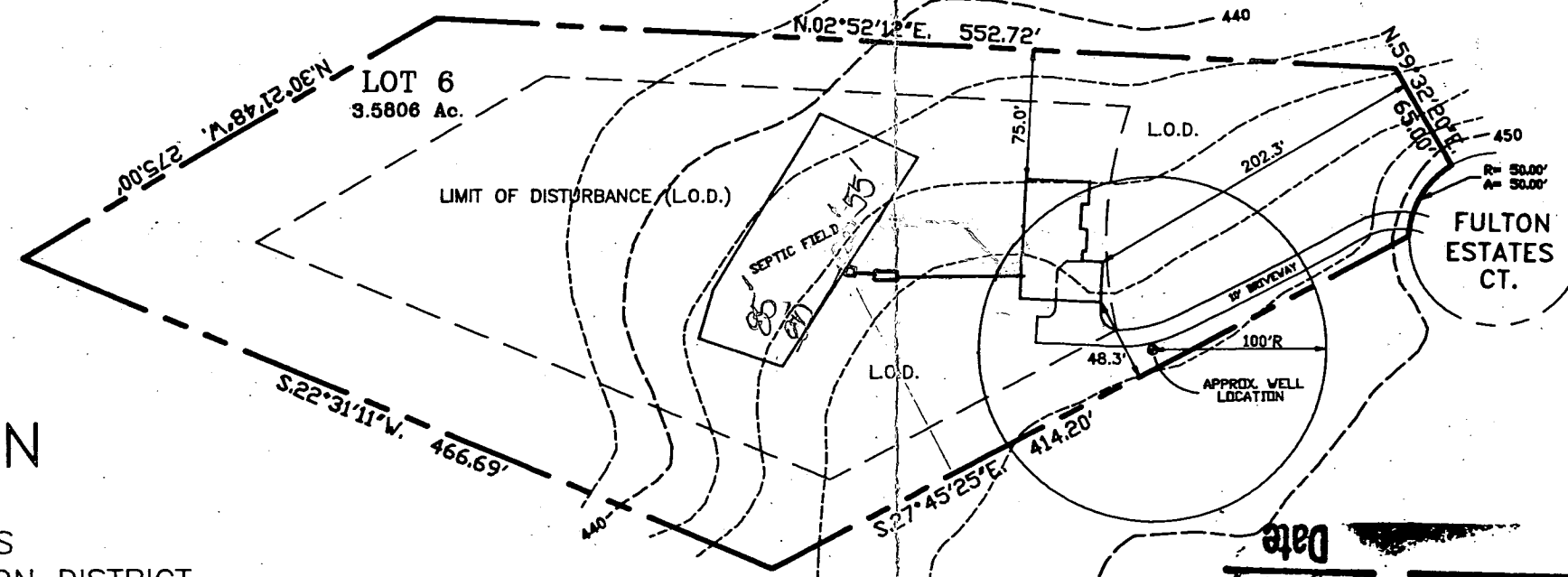
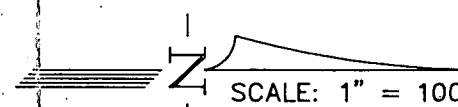
FOUNDATION DETAIL  
SCALE: 1" = 30'



VICINITY MAP  
SCALE: 1" = 2000'

**GENERAL NOTES**

- 1.) BOUNDARY INFORMATION TAKEN FROM RECORD PLAT 8181.
- 2.) ARCHITECTURAL PLANS SUPPLIED BY CLIENT.
- 3.) ALL CONSTRUCTION SHALL CONFORM TO CURRENT HOWARD COUNTY STANDARDS.
- 4.) THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT (1-800) 257-7777 AT LEAST 48-HOURS PRIOR TO BEGINNING CONSTRUCTION.
- 5.) TOPOGRAPHIC INFORMATION: APPROVED PRELIMINARY PLAN
- 6.) FLOOD ZONE "C" PER H.U.D. PANEL:



LIMIT OF DISTURBANCE = SF +/-

**SEPTIC INFORMATION**

FIRST FLOOR ELEVATION =	450.8
BASEMENT ELEVATION =	441.5
INVERT OUT OF HOUSE =	442.0
INVERT INTO SEPTIC TANK =	440.5
INVERT OUT OF SEPTIC TANK =	440.2
INVERT AT DISTRIBUTION BOX (IN) =	440.0
INVERT AT DISTRIBUTION BOX (OUT) =	440.0
INVERT AT INITIAL TRENCH =	439.5

NOTE: TRENCH LENGTHS TO BE DETERMINED BY THE HOWARD COUNTY HEALTH DEPARTMENT.

**PLOT PLAN**

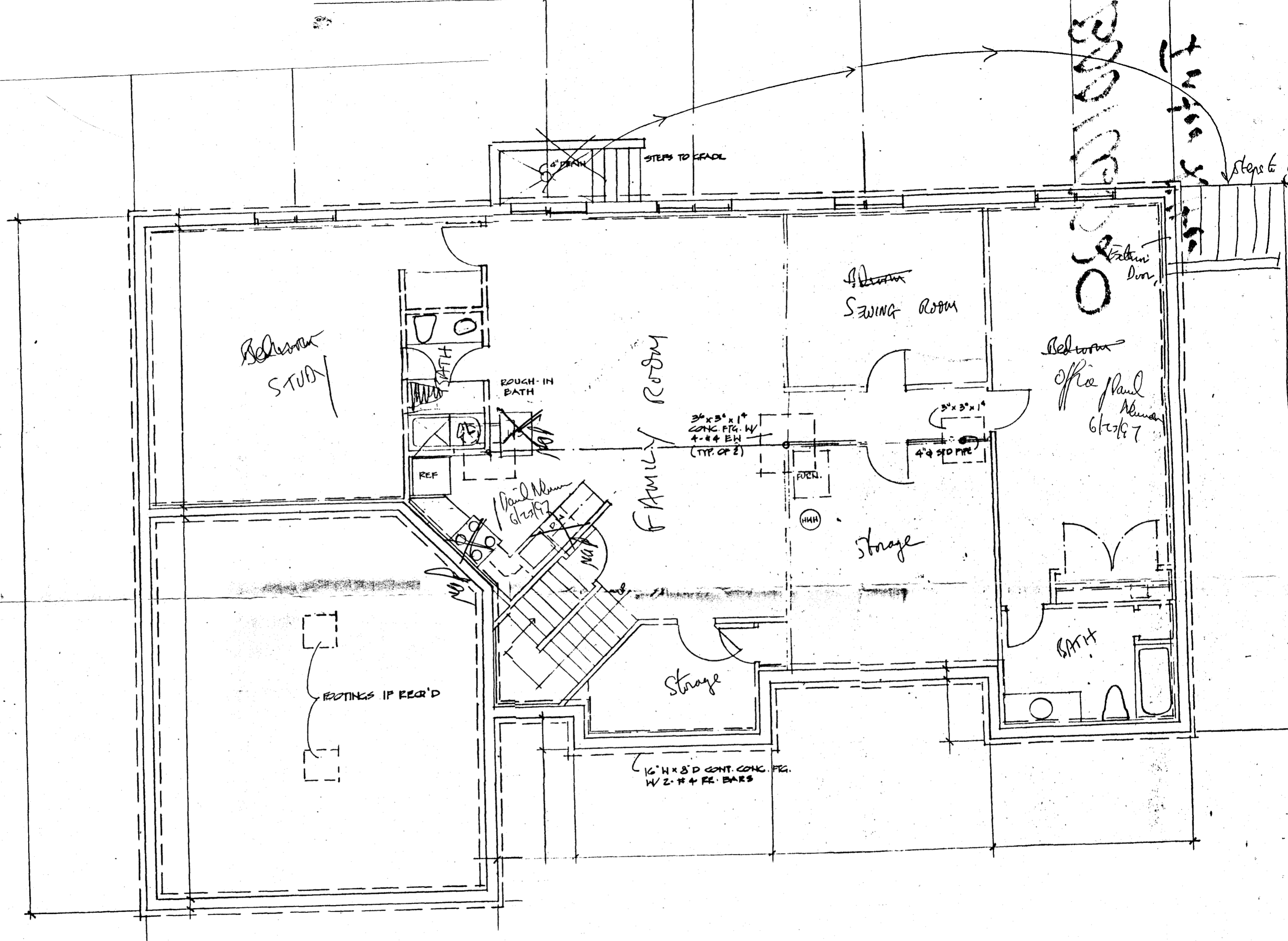
LOT 6  
FULTON ESTATES  
CLARKSVILLE (5th) ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 100'    SEPTEMBER 1994

Date: 9-8-94  
Signature: Peter Oster

**ADVANTAGE ENGINEERING, INC.**  
182 Thomas Johnson Dr., Suite 204  
Frederick, Maryland 21702  
(301) 607-0124 FAX: (301) 662-0901

Approved Septic System Plan  
Howard County Health Department

**APPLICANT:**  
MR. PETER OSTER  
DESIGN/BUILD  
4100 ROUTE 108  
OLNEY, MD 20832  
(301) 774-7296



B00106020  
 REVISED SITE PLAN  
 COPY FROM LICENSES & PERMITS  
 7-7-97 ll

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00117186

Building Address 12150 FULTON ESTATES CT.  
FULTON, MD. 20759  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605102 Subdivision FULTON ESTATES  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6  
 Tax Map 41 Parcel 69 Grid 12  
 Zoning RR-DCO Map Coordinates 1564 Lot size \_\_\_\_\_

Property Owner's Name BOB & STEPHANIE STRUBBLE  
 Address \_\_\_\_\_  
 City SAME State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone 301-776-7718 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single family dwelling  
 Proposed Use same w/ add  
 Estimated Construction Cost \$ 29,000.  
 Description of Work 4' OUT X 20' WIDE  
BUMPOUT ADDITION - Billiard & w/ opt wet bar - taller back

Contractor Company PETIT CONSTR. CO. INC  
 Contact Person C. B. PETIT, JR.  
 Address 7560 GREENWOOD DR.  
 City HIGHLAND State MD Zip Code 20777  
 License No. MHIC 31911  
 Phone 301-854-2477 Fax \_\_\_\_\_

Occupant or Tenant BOB & STEPHANIE STRUBBLE  
 Contact Name \_\_\_\_\_  
 Address 12150 FULTON ESTATES CT.  
 City FULTON State MD Zip Code 20759  
 Phone 301-776-7718 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry <input checked="" type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> State Certified Modular _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

C. B. Petit, Jr.  
 Applicant's Signature  
OWNER PETIT CONSTR. CO. INC  
 Title/Company

C. B. PETIT, Jr.  
 Print Name  
9/8/99  
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>9/8/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>9/8/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>25</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>50</u>
Balance due	\$ _____
Check	# <u>3571</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

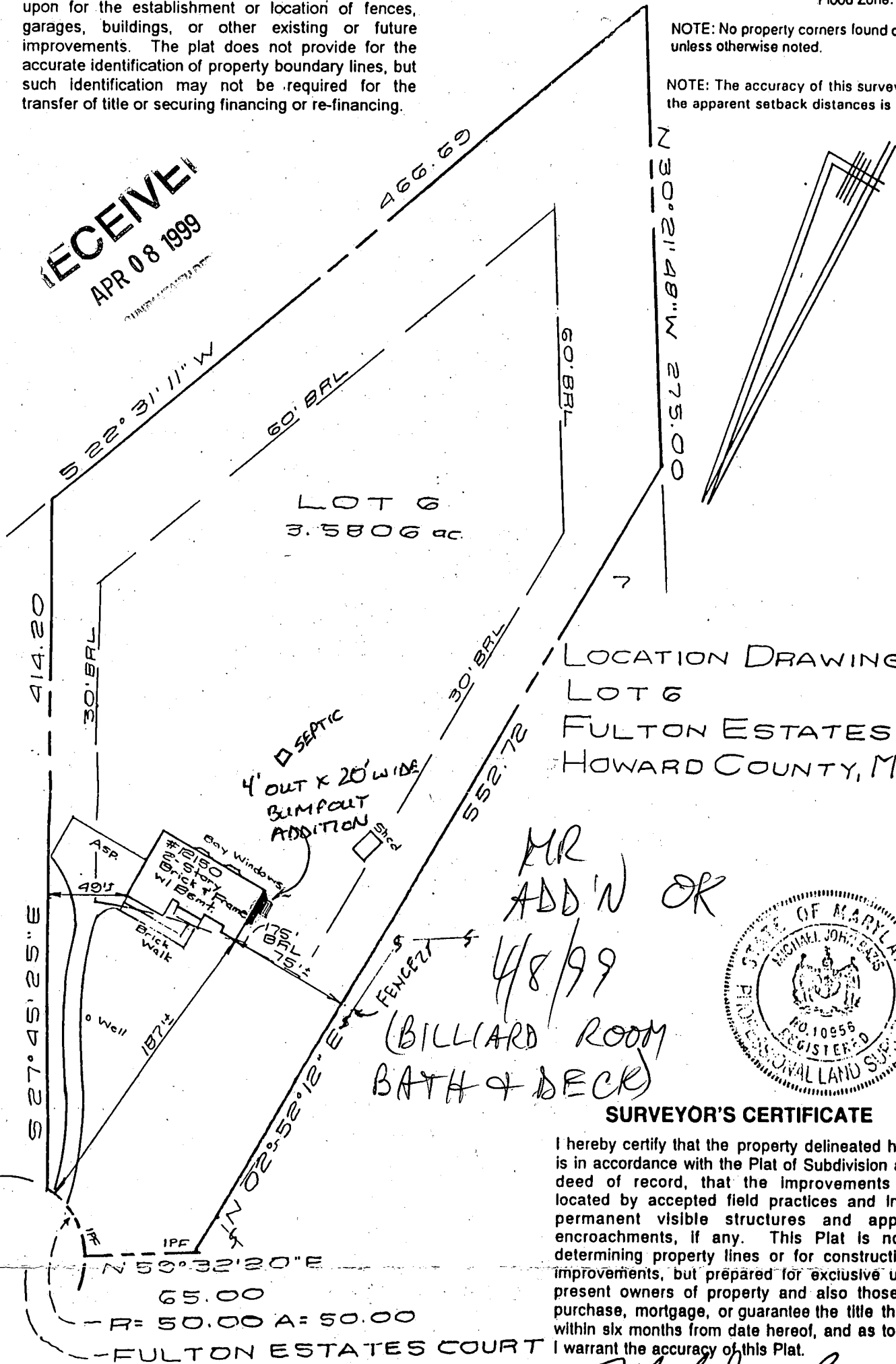
The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 38  
Date of Map: 12/4/86  
Flood Zone: "C"

NOTE: No property corners found or set unless otherwise noted.

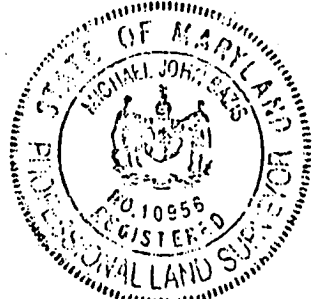
NOTE: The accuracy of this survey and the apparent setback distances is 2 Ft. ±.

**RECEIVED**  
APR 08 1999



LOCATION DRAWING  
LOT 6  
FULTON ESTATES  
HOWARD COUNTY, MD.

MR  
ADD'N OR  
4/8/99  
(BILLIARD ROOM  
BATH & DECK)



**SURVEYOR'S CERTIFICATE**

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

*Michael J. Bazis*  
Michael J. Bazis RPLS #10956

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 96.1371H	DATE 11-15-96
FIELD MB, DH	DRAFT DJD
RECERTIFIED 9-23-98	P.B. P# 8181
	SCALE: 1" = 80'

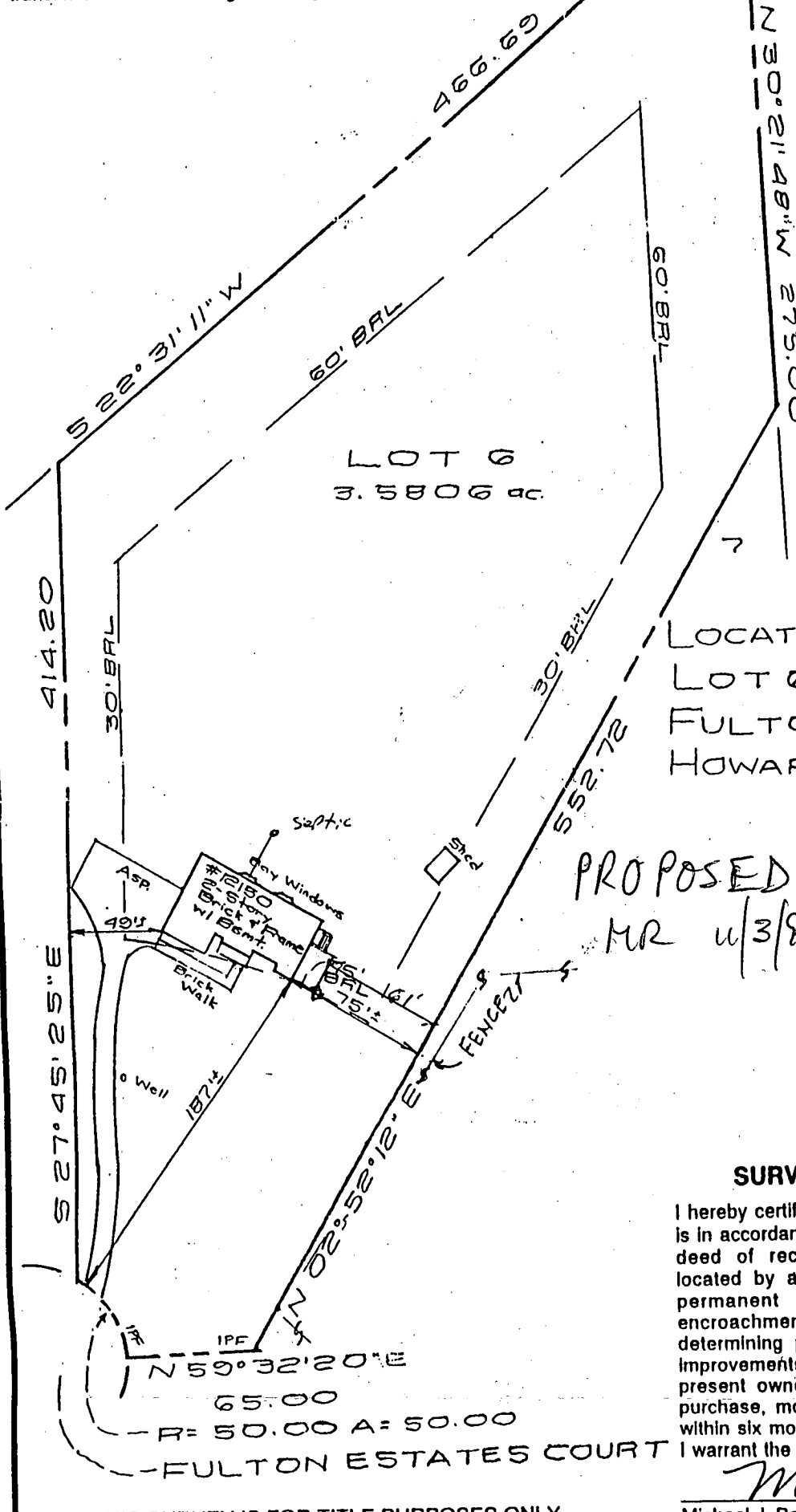
**R.C. KELLY & ASSOCIATES, INC.**  
ENGINEERS & SURVEYORS  
10111 COLESVILLE ROAD, SUITE 133  
SILVER SPRING, MARYLAND 20901  
(301) 593-8005  
FAX: (301) 681-7216

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 3B  
Date of Map: 12/4/86  
Flood Zone: "C"

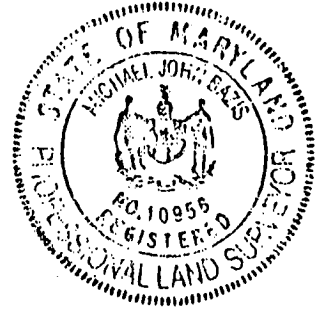
NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 2 Ft. ±.



LOCATION DRAWING  
LOT 6  
FULTON ESTATES  
HOWARD COUNTY, MD.

PROPOSED DECK OK  
MR 4/3/89



**SURVEYOR'S CERTIFICATE**

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

*Michael J. Bazis*

Michael J. Bazis

RPLS #10956

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 96.1371 H.	DATE 11-15-96
FIELD MB, DH	DRAFT DJD
RECEIVED 9-23-98	P.B. P# 8181
	SCALE: 1" = 80'

**R.C. KELLY & ASSOCIATES, INC.**  
ENGINEERS & SURVEYORS  
10111 COLESVILLE ROAD, SUITE 133  
SILVER SPRING, MARYLAND 20901  
(301) 593-8005  
FAX: (301) 681-7216

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>300121184</u>
---	---	--

Building Address <u>12150 FULTON ESTATES CT</u> <u>Fulton 20259</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>6051.02</u> Subdivision <u>Fulton Estates</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>6</u> Tax Map <u>411</u> Parcel <u>6019</u> Grid <u>19</u> Zoning <u>2-810</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>Robert + Stephanie Struble</u> Address <u>12150 FULTON ESTATES CT</u> City <u>FULTON</u> State <u>MD</u> Zip Code <u>20259</u> Home Phone <u>301-720-7218</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	---

Existing Use <u>SFO</u> Proposed Use <u>SFO with side walk</u> Estimated Construction Cost \$ <u>70000</u> Description of Work <u>14 x 28 Deck</u> <u>with steps to grade</u>	Contractor Company <u>Russell D. Co. Home Services</u> Contact Person <u>THOMAS BARNES</u> Address <u>485 NORTH DR.</u> City <u>WESTMINSTER</u> State <u>MD</u> Zip Code <u>21153</u> License No. <u>43817</u> Phone <u>410-751-6065</u> Fax _____
---	---

Occupant or Tenant <u>Sale</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	--

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>[Signature]</u> Applicant's Signature <u>[Title]</u> Title/Company	<u>Thomas Barnes</u> Print Name <u>1/3/99</u> Date
--	---

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ	<u>1/3/99</u>	<u>[Signature]</u>	Front: _____ Rear: <u>175' min</u> Side: <u>50' min</u> Side St.: <u>30' min</u>	<u>7582</u>
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>1/3/99</u>	<u>Mark E. Ripkin</u>	Historic District? <u>X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by <u>[Signature]</u>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>4411</u>